## Hays Memorial Tree Garden

## **DONATION FORM**

Donor Name:				
Address:				
Phone:	(Home)		(Work)	(Cell)
Date:	- 2		E-mail:	
Donation Type	es:			
П м.	ain Path Leaf T	ilo \$1 <i>45</i>		
			O characters on each line	e)
□ - Me	e <mark>m</mark> orial Tree - \$	6750		
_			3 characters on each line)	
	t. Viewing Path (Inscription: 3 lines		<b>0</b> 5 characters on each line)	
	t. Entry Plaza E		enaraciers on each inter	
_ 1	(Inscription: 6 lines	, approximately 19	9 characters on each line)	)
	ain Path Seating			
	commemoration)	Architect will wor	rk with donor to determin	e appropriate method of
🗖 - Ot	her			
Inscription:				
inscription.				
	1			
– <b>DO</b> I	NATIONS TO HAY	YS MEMORIAL	TREE GARDEN ARE T	FAX DEDUCTIBLE –
Contact for more	information: C	arrie Peterson,	Park Development C	oordinator, 682-4907
Make checks paya	ıble to:	City of Eugene		
Please mail comp	leted form			
and donation to:	C	City of Eugene F		
		Attn: Carrie Pet		
	1	820 Roosevelt 1	Blvd	

Eugene, OR 97402